

STAR TRANSIT----- TITLE VI COMPLAINT FORM

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No If so, list agency / agencies and contact information below:								
Agency:	Contact Name:							
Street Address, City, State & Zip Code:	Phone:							
Agency:	Contact Name:							
Address, City, State & Zip Code:	Phone:							
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Complainants Signature:</td> <td style="padding: 5px;">Date:</td> </tr> <tr> <td style="padding: 5px;"> <hr style="border: 0; border-top: 1px solid black;"/> </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Print or Type Name of Complainant</td> <td style="padding: 5px;"></td> </tr> </table>		Complainants Signature:	Date:	<hr style="border: 0; border-top: 1px solid black;"/>		Print or Type Name of Complainant	
Complainants Signature:	Date:							
<hr style="border: 0; border-top: 1px solid black;"/>								
Print or Type Name of Complainant								
Date Received: _____ Received By: _____								